



# GSD-14 GENERAL SOURCE DATA— OWNERS AND OCCUPANTS NOTIFIED

State Form 51609 (R / 9-04)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

## IDEM - Office of Air Quality - Permits Branch

100 N. Senate Avenue

Indianapolis, IN 46204

Telephone: (317) 233-0178 or

Toll Free: 1-800-451-6027 x30178 (within Indiana)

Facsimile Number: (317) 232-6749

[Http://www.IN.gov/idem/air/permits/index.html](http://www.IN.gov/idem/air/permits/index.html)



### NOTES:

- The purpose of GSD-14 is to identify adjacent landowners and occupants that are to be notified that an air permit application has been submitted.
- Detailed **instructions** for this form are available online at <http://www.IN.gov/idem/air/permits/apps/instructions/gsd14instructions.pdf>.
- All information submitted to IDEM will be made available to the public unless it is submitted under a claim of confidentiality. Claims of confidentiality must be made at the time the information is submitted to IDEM, and must follow the requirements set out in 326 IAC 17.1-4-1. Failure to follow these requirements exactly, will result in your information becoming a public record, available for public inspection.

### FOR OFFICE USE ONLY

PERMIT NUMBER:


### Owners And Occupants Notified

Use this table to identify adjacent landowners and occupants that you have notified of your intent to construct pursuant to Indiana Code (IC) 13-15-8. If you need additional space, you may make copies of this form.

1. Owner / Occupant Name:		2. Date Notified:	
3. Address:			
City:		State:	ZIP Code:
4. Electronic Mail:		5. Telephone Number:	
6. Method of Notification:		Telephone	Electronic Mail    Standard Mail    Other _____
Owner / Occupant Name:		Date Notified:	
Address:			
City:		State:	ZIP Code:
Electronic Mail:		Telephone Number:	
Method of Notification:		Telephone	Electronic Mail    Standard Mail    Other _____
Owner / Occupant Name:		Date Notified:	
Address:			
City:		State:	ZIP Code:
Electronic Mail:		Telephone Number:	
Method of Notification:		Telephone	Electronic Mail    Standard Mail    Other _____
Owner / Occupant Name:		Date Notified:	
Address:			
City:		State:	ZIP Code:
Electronic Mail:		Telephone Number:	
Method of Notification:		Telephone	Electronic Mail    Standard Mail    Other _____
Owner / Occupant Name:		Date Notified:	
Address:			
City:		State:	ZIP Code:
Electronic Mail:		Telephone Number:	
Method of Notification:		Telephone	Electronic Mail    Standard Mail    Other _____